

CONSENT TO JOIN FORM

Pursuant to 29 U.S.C. §216(b), I hereby consent to make a claim against St. Paul Elder Services, Inc. (hereinafter "St. Paul") for overtime, agreed upon wages, and/or any other claim for wages brought in this action against St. Paul. If this case does not proceed collectively, I also consent to join any subsequent action to assert these claims against St. Paul. I hereby authorize the filing and prosecution of this Fair Labor Standards Act action in my name and on my behalf and designate Alicia Eckstein as class representative to make decisions on my behalf concerning this litigation, the method and manner of conducting this litigation, the entering of an agreement with Plaintiff's counsel concerning attorneys' fees and costs, and all other matters pertaining to this lawsuit. During the past three years, there were times that I worked for St. Paul without being compensated with overtime compensation when I worked more than forty (40) hours in a workweek.

NAME:

Nombre

Alicia Eckstein

Print Name

SIGNATURE:

Firma

Alicia Eckstein

Sign Name

DATE:

Fecha

June 28, 2019

Date

PLEASE RETURN TO:

Favor de regresar esta forma a:

WALCHESKE & LUZI, LLC

BY U.S. MAIL

15850 W. Bluemound Rd., Suite 304
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or

4321 West College Avenue, Suite 200
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or

BY FAX

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or

BY E-MAIL

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